

Case 6:12-cv-00610-LED Document 12 Filed 10/31/12 Page 1 of 2 PageID #: 121

AO 440 (Rev. 06/12) Summons in a Civil Action

## UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

RECEIVED  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

NOV 14 2012

DAVID J. MALAND, CLERK

Blue Spike, LLC*Plaintiff(s)*

v.

6:12CV499 LEAD

CONSOLIDATED WITH  
Civil Action No. 6:12-CV-610Fulcrum Biometrics, LLC, et al.*Defendant(s)*

## SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*) **Fulcrum Biometrics, LLC**  
 Kenneth A. Nosker  
 850 Fawnway  
 San Antonio, Texas 78260

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Eric M. Albritton  
**ALBRITTON LAW FIRM**  
 P.O. Box 2649  
 Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 10/31/12

CLERK OF COURT

Signature of Clerk or Deputy Clerk

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Civil Action No. 6:12-CV-610

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Fulcrum Biometrics, LLC  
was received by me on (date) 11/03/2012.

I personally served the summons on the individual at (place)

on (date) \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with (name)

, a person of suitable age and discretion who resides there,

on (date) \_\_\_\_\_ , and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) \_\_\_\_\_ , who is

designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_

on (date) \_\_\_\_\_ ; or

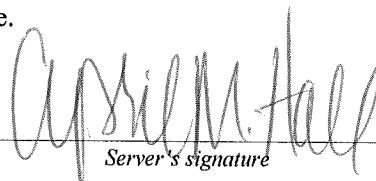
I returned the summons unexecuted because \_\_\_\_\_ ; or

Other (specify): Certified Mail, Return Receipt Requested # 7012101000056530689

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 11/07/2012

  
*Server's signature*

April M. Hall

*Printed name and title*

111 West Tyler Lngview, Tx. 75601

*Server's address*

Additional information regarding attempted service, etc:

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

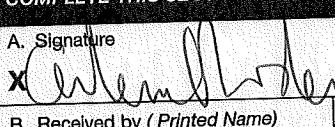
SAN ANTONIO TX 78260

Postage	\$ 4.25	0601
Certified Fee	\$ 2.95	01
Return Receipt Fee (Endorsement Required)	\$ 2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	11/03/2012
Total Postage & Fees	\$ 10.55	

Fulcrum Biometrics, LLC

Sent To: Kenneth Nosker  
850 Fawnway  
San Antonio, Tx. 78260

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent      <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <input type="checkbox"/> 11-03-12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Fulcrum Biometrics, LLC Kenneth Nosker 850 Fawnway San Antonio, Tx. 78260</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  <i>(Transfer from service)</i></p> <p>7012 1010 0000 5653 0689</p>		 102595-02-M-1540	